

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 08-26-2010

**Address:** 306 SOUTH KERTILAVE

**Case #:** 10-18896

EVANSVILLE, IN 47713

**County:** VANDERBURGH

## **Type of Laboratory Seizure (check one)**

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location (check all that apply)**

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open -- No Structure  
☐ Vehicle ☐ Other:

## **Items Found: Location (bedroom, kitchen, open air, etc)**

(check all that apply)

- ☒ Lithium/Ammonia Reaction(s): \_ \_ \_  
☐ Red Phosphorous/Iodine Reaction(s): \_ \_ \_  
☒ Flammable Solvents: \_\_\_\_\_  
☒ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered (check one)**

- ☐ Yes \_\_\_\_\_ (number present)  
☐ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: EVANSVILLE FD

Fax: \_\_\_\_\_

Health Department: VANDERBURGH HD

Fax: 812-435-5612

Child Protection Service: Vanderburgh CPS

Fax: 812-421-5503

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: MIKE GRAY Phone \_\_\_\_\_

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.